

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In Re:	:	Chapter 11
	:	
<i>CarePoint Health Systems Inc. d/b/a Just Health Foundation, et al.,</i>	:	Case No. 24-12534 (JKS)
	:	
	:	(Jointly Administered)
	:	
Debtors. ¹	:	
	:	Re: Dkt. No. 730, 818

**EXHIBITS TO CURE OBJECTION TO SCHEDULE OF ASSUMED
EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

¹ The Debtors in these Chapter 11 Cases, along with the last four digits of each Debtor's federal tax identification number are: (i) Bayonne Intermediate Holdco, LLC (7716); (ii) Benego CarePoint, LLC (2199); (iii) Briar Hill CarePoint, LLC (iv) CarePoint Health Management Associates Intermediate Holdco, LLC (none); (v) CarePoint Health Management Associates, LLC d/b/a CarePoint Health (3478); (vi) CarePoint Health Systems, Inc. d/b/a Just Health Foundation (6996); (vii) CH Hudson Holdco, LLC (3376); (viii) Christ Intermediate Holdco, LLC (3376); (ix) Evergreen Community Assets (1726); (x) Garden State Healthcare Associates, LLC (4414); (xi) Hoboken Intermediate Holdco, LLC (2105); (xii) Hudson Hospital Holdco, LLC (3869); (xiii) Hudson Hospital Opco, LLC d/b/a CarePoint Health-Christ Hospital (0608); (xiv) HUMC Holdco, LLC (3488); (xv) HUMCO Opco, LLC d/b/a CarePoint Health-Hoboken University Medical Center (7328); (xvi) IJKG, LLC (7430); (xvii) Just Health MSO, LLC (1593); (xviii) New Jersey Medical and Health Associates d/b/a CarePoint Health Medical Group (0232); (xix) Quality Care Associates, LLC (4710); (xx) Sequoia BMC Holdco, LLC (9812); (xxi) IJKG Opco LLC d/b/a CarePoint HealthBayonne Medical Center. The address for CarePoint Health Systems Inc. is 308 Willow Avenue, Hoboken, NJ 07030.

EXHIBIT A

Bayonne Debtor Post-Petition Overpayment Report

<u>Provider Tin</u>	<u>Provider Full Name</u>	<u>State</u>	<u>First DOS</u>	<u>Last DOS</u>	<u>Claim Paid Amount</u>	<u>Claim Audit Amount</u>	<u>Balance Due</u>	<u>Pay Date</u>	<u>Collection description</u>
261442063	BAYONNE MEDICAL CENTER	NJ	11/2024	11/2024	\$6,483.03	\$196.63	\$196.63	12/13/2024	
261442063	BAYONNE MEDICAL CENTER	NJ	01/2025	01/2025	\$137.70	\$137.70	\$137.70	01/13/2025	
261442063	BAYONNE HOSPITAL CENTER	NJ	01/2025	01/2025	\$77.55	\$77.55	\$77.55	02/07/2025	

TOTAL: \$411.88

Bayonne Debtor As-Filed Proof of Claim

United States Bankruptcy Court for the District of Delaware	
Name of Debtor: IJKG Opco, LLC d/b/a CarePoint Health-Bayonne Medical Center	For Court Use Only
Case Number: 24-12551	Claim Number: 0000010216
	File Date: 01/06/2025 13:08:28

Proof of Claim (Official Form 410)

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

04/22

Part 1: Identify the Claim					
<p>1. Who is the current creditor? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p> <p>Name of the current creditor (the person or entity to be paid for this claim): UnitedHealthcare Insurance Company</p> <p>Other names the creditor used with the debtor: _____</p>					
<p>2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p>					
<p>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> <table border="0"> <tr> <td>Where should notices to the creditor be sent?</td> <td>Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td> Name: UnitedHealthcare Insurance Company Address: ATTN: CDM/Bankruptcy 185 Asylum Street - 03B 06103 City: Hartford State: CT ZIP Code: 06103 Country (if International): _____ Phone: _____ Email: priya_muthu@uhc.com </td> <td> Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country (if International): _____ Phone: _____ Email: _____ </td> </tr> </table>		Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	Name: UnitedHealthcare Insurance Company Address: ATTN: CDM/Bankruptcy 185 Asylum Street - 03B 06103 City: Hartford State: CT ZIP Code: 06103 Country (if International): _____ Phone: _____ Email: priya_muthu@uhc.com	Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country (if International): _____ Phone: _____ Email: _____
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)				
Name: UnitedHealthcare Insurance Company Address: ATTN: CDM/Bankruptcy 185 Asylum Street - 03B 06103 City: Hartford State: CT ZIP Code: 06103 Country (if International): _____ Phone: _____ Email: priya_muthu@uhc.com	Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country (if International): _____ Phone: _____ Email: _____				
<p>4. Does this claim amend one already filed?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <p>Claim number on court claims register (if known) _____</p> <p>Filed on _____ MM / DD / YYYY</p>					
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <p>Who made the earlier filing? _____</p>					

Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes.</p> <p>Last 4 digits of the debtor's account or any number you use to identify the debtor:</p> <p>2063</p>	<p>7. How much is the claim?</p> <p>\$ 77,842.38</p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>	<p>8. What is the basis of the claim?</p> <p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p>Other Basis _____</p>
<p>9. Is all or part of the claim secured?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p>	<p>10. Is this claim based on a lease?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition.</p> <p>\$ _____</p>	<p>11. Is this claim subject to a right of setoff?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>
<p>Basis for perfection:</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Check one:</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (_____) that applies. \$ _____</p>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p>Amount entitled to priority</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p>

13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)? No Yes. **Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):** \$ _____

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Priya Muthu

01/06/2025 13:08:28

Signature

Date

Provide the name and contact information of the person completing and signing this claim:

Name Priya Muthu

Address UnitedHealthcare Insurance Company

185 Asylum Street - 03B

City Hartford

State CT

Zip 06103

Country (in international) _____

Phone _____

Email priya_muthu@uhc.com



January 6, 2025

IJKG Opco, LLC aka Carepoint Health- Bayonne Medical Center

Chpt. 11 Bankruptcy

Filed: 11/3/24 | Case No. 24-12551

Reservation of Rights:

UnitedHealthcare Insurance Company ("United") reserves its right to amend this claim to further liquidate the amount of overpayment owed by the Debtor to United based on the results of United's ongoing audit of claims submitted by the Debtor.

Provider Tin	Provider Name	State	Date of Service	Amount of Claim Paid by UHC	Claim Audit Amount	Balance Due	Collection Description
261442063	BAYONNE HOSPITAL CENTER	NJ	2024	\$281.45	\$12.60	\$12.60	Failure to follow prior payers coverage rules.
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$7,613.70	\$790.81	\$790.81	Services related to a Same Day Transfer should have been priced using the correct discharge code.
261442063	BAYONNE MEDICAL CENTER	NJ	2019	\$584.65	\$584.65	\$584.65	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
261442063	BAYONNE MEDICAL CENTER	NJ	2019	\$284.90	\$207.57	\$207.57	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
261442063	BAYONNE MEDICAL CENTER	NJ	2019	\$223.93	\$154.11	\$154.11	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
261442063	BAYONNE MEDICAL CENTER	NJ	2019	\$228.15	\$150.82	\$150.82	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
261442063	BAYONNE MEDICAL CENTER	NJ	2019	\$215.91	\$132.82	\$132.82	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
261442063	BAYONNE MEDICAL CENTER	NJ	2020	\$214.60	\$107.44	\$107.44	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
261442063	BAYONNE MEDICAL CENTER	NJ	2019	\$142.86	\$88.31	\$88.31	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
261442063	BAYONNE MEDICAL CENTER	NJ	2019	\$158.10	\$88.28	\$88.28	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
261442063	BAYONNE MEDICAL CENTER	NJ	2020	\$100.44	\$44.76	\$44.76	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
261442063	BAYONNE MEDICAL CENTER	NJ	2019	\$14.80	\$14.80	\$14.80	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$235.09	\$49.70	\$49.70	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$126.40	\$18.54	\$18.54	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$5,662.09	\$5,276.87	\$5,276.87	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$226.09	\$137.26	\$137.26	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$6,481.93	\$4,869.93	\$4,869.93	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$493.12	\$493.12	\$493.12	
261442063	BAYONNE HOSPITAL CENTER	NJ	2024	\$159.81	\$97.03	\$97.03	

261442063	BAYONNE MEDICAL CENTER	NJ	2023	\$1,861.60	\$1,861.60	\$1,861.60	Our records indicate that this member never had active coverage under this policy.
261442063	BAYONNE MEDICAL CENTER	NJ	2023	\$14,203.35	\$14,203.35	\$14,203.35	Services provided after Member Coverage End Date.
261442063	BAYONNE MEDICAL CENTER	NJ	2019	\$6,623.62	\$2,154.10	\$2,154.10	
261442063	BAYONNE HOSPITAL CENTER	NJ	2024	\$87.35	\$87.35	\$87.35	
261442063	BAYONNE HOSPITAL CENTER	NJ	2024	\$87.35	\$87.35	\$87.35	
261442063	BAYONNE HOSPITAL CENTER	NJ	2024	\$1,400.95	\$1,400.95	\$1,400.95	
261442063	BAYONNE HOSPITAL CENTER	NJ	2024	\$65.99	\$65.99	\$65.99	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$2,233.00	\$2,233.00	\$2,233.00	Member's coverage lapsed.
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$149.82	\$149.82	\$149.82	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$599.28	\$149.82	\$149.82	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$449.46	\$149.82	\$149.82	
261442063	BAYONNE HOSPITAL CENTER	NJ	2023	\$6,659.67	\$6,659.67	\$6,659.67	
261442063	BAYONNE MEDICAL CENTER	NJ	2023	\$21,134.51	\$9,928.00	\$9,737.16	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$3,810.00	\$3,810.00	\$3,810.00	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$8,140.65	\$1,937.87	\$1,937.87	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$9,714.81	\$3,616.61	\$3,616.61	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$8,127.56	\$1,935.02	\$1,935.02	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$6,020.13	\$532.37	\$532.37	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$17,727.16	\$7,012.95	\$7,012.95	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$23.38	\$23.38	\$23.38	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$256.82	\$256.82	\$256.82	
							Please refund -Coordination of benefits - submit claim to primary carrier
261442063	BAYONNE MEDICAL CENTER	NJ	2022	\$795.72	\$795.72	\$795.72	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$9,714.81	\$0.01	\$0.01	
261442063	BAYONNE MEDICAL CENTER	NJ	2023	\$1,545.81	\$1,349.77	\$1,349.77	
261442063	BAYONNE MEDICAL CENTER	NJ	2024	\$5,180.99	\$4,178.30	\$4,178.30	Please refund -Corrected bill submitted
261442063	BAYONNE HOSPITAL CENTER	NJ	2024	\$134.16	\$134.16	\$134.16	

Total Balance Due	\$77,842.38
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"The descriptions of the overpayment reasons are sent to the Debtors in the ordinary course of business but some have been redacted to protect member personal information. United can make this information available to the Debtors at their request, to any parties in interest subject to the Court's entry of an appropriate protective order, and to the Court for its *in camera* review to the extent necessary."

EXHIBIT B

Hoboken Debtor Post-Petition Overpayment Report

<u>Provider Tin</u>	<u>Provider Full Name</u>	<u>State</u>	<u>First DOS</u>	<u>Last DOS</u>	<u>Claim Paid Amount</u>	<u>Claim Audit Amount</u>	<u>Balance Due</u>	<u>Pay Date</u>	<u>Collection description</u>
452147328	HOBOKEN UNIVER	PA	11/06/2024	11/09/2024	\$8,503.29	\$5,231.56	\$1,457.78	01/02/2025	
452147328	HOBOKEN UNIVER	PA	11/18/2024	11/18/2024	\$149.82	\$149.82	\$149.82	12/19/2024	
452147328	HOBOKEN UNIVER	PA	12/08/2024	12/11/2024	\$107,027.82	\$62,432.89	\$62,432.89	01/07/2025	
452147328	HOBOKEN UNIVER	PA	11/25/2024	11/25/2024	\$87.35	\$87.35	\$87.35	12/15/2024	
452147328	HOBOKEN UNIVER	PA	11/27/2024	11/27/2024	\$122.30	\$122.30	\$122.30	12/19/2024	
452147328	HOBOKEN UNIVER	PA	12/16/2024	12/16/2024	\$411.38	\$411.38	\$411.38	12/27/2024	
452147328	HOBOKEN UNIVER	PA	01/06/2025	01/06/2025	\$906.38	\$12.78	\$12.78	01/25/2025	
452147328	HOBOKEN UNIVER	PA	01/06/2025	01/10/2025	\$326.08	\$319.56	\$319.56	02/12/2025	

TOTAL: **\$64,993.86**

Hoboken Debtor As-Filed Proof of Claim

United States Bankruptcy Court for the District of Delaware	
Name of Debtor: HUMCO Opco LLC d/b/a CarePoint Health-Hoboken University Medical Center	For Court Use Only
Case Number: 24-12548	Claim Number: 0000010157
	File Date: 12/11/2024 10:02:50

Proof of Claim (Official Form 410)

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

04/22

Part 1: Identify the Claim					
<p>1. Who is the current creditor? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p> <p>Name of the current creditor (the person or entity to be paid for this claim): UnitedHealthcare Insurance Company</p> <p>Other names the creditor used with the debtor: _____</p>					
<p>2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p>					
<p>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> <table border="0"> <tr> <td>Where should notices to the creditor be sent?</td> <td>Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td> Name: UnitedHealthcare Insurance Company Address: ATTN: CDM/Bankruptcy 185 Asylum Street - 03B City: Hartford State: CT ZIP Code: 06103 Country (if International): _____ Phone: _____ Email: priya_muthu@uhc.com </td> <td> Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country (if International): _____ Phone: _____ Email: _____ </td> </tr> </table>		Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	Name: UnitedHealthcare Insurance Company Address: ATTN: CDM/Bankruptcy 185 Asylum Street - 03B City: Hartford State: CT ZIP Code: 06103 Country (if International): _____ Phone: _____ Email: priya_muthu@uhc.com	Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country (if International): _____ Phone: _____ Email: _____
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)				
Name: UnitedHealthcare Insurance Company Address: ATTN: CDM/Bankruptcy 185 Asylum Street - 03B City: Hartford State: CT ZIP Code: 06103 Country (if International): _____ Phone: _____ Email: priya_muthu@uhc.com	Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country (if International): _____ Phone: _____ Email: _____				
<p>4. Does this claim amend one already filed?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <p>Claim number on court claims register (if known) _____</p> <p>Filed on _____ MM / DD / YYYY</p>					
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <p>Who made the earlier filing? _____</p>					

<p>6. Do you have any number you use to identify the debtor?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes.</p> <p>Last 4 digits of the debtor's account or any number you use to identify the debtor:</p> <p>7328</p>	<p>7. How much is the claim?</p> <p>\$ 365,321.41</p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>	<p>8. What is the basis of the claim?</p> <p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p>Other Basis _____</p>
<p>9. Is all or part of the claim secured?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p>	<p>10. Is this claim based on a lease?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition.</p> <p>\$ _____</p>	<p>11. Is this claim subject to a right of setoff?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>
<p>Basis for perfection:</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Check one:</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (_____) that applies. \$ _____</p>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p>Amount entitled to priority</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p>

13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)? No Yes. **Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9):** \$ _____

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Priya Muthu

12/11/2024 10:02:50

Signature

Date

Provide the name and contact information of the person completing and signing this claim:

Name Priya Muthu

Address UnitedHealthcare Insurance Company

185 Asylum Street - 03B

City Hartford

State CT

Zip 06103

Country (in international) United States of America

Phone

Email priya_muthu@uhc.com



December 11, 2024

HUMC Opco LLC dba CarePoint Health-Hoboken
University Medical Center

Chpt. 11 Bankruptcy

Filed: 11/3/24 | Case No. 24-12548

Reservation of Rights:

UnitedHealthcare Insurance Company ("United") reserves its right to amend this claim to further liquidate the amount of overpayment owed by the Debtor to United based on the results of United's ongoing audit of claims submitted by the Debtor.

Provider Tin	Provider Name	State	Date of Service	Amount of Claim Paid by UHC	Claim Audit Amount	Balance Due	Collection Description
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2023	\$28.58	\$28.58	\$28.58	Failure to follow prior payers coverage rules.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2023	\$47.40	\$47.40	\$47.40	Failure to follow prior payers coverage rules.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2023	\$14,969.78	\$2,950.89	\$2,950.89	Services related to a Home Health Transfer should have been priced using the correct discharge code.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2020	\$609.46	\$609.46	\$609.46	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2024	\$160.26	\$28.66	\$28.66	Claim should have allowed \$131.60 for all services.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2021	\$129.15	\$129.15	\$129.15	Reimbursement for outpatient services that are rendered on the same day of admission are included in the inpatient contractual allowed amount.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2023	\$57.15	\$57.15	\$57.15	These services were also allowed on another claim number.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2022	\$85.73	\$85.73	\$85.73	These services were also allowed on another claim number.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2022	\$200.03	\$200.03	\$200.03	These services were also allowed on another claim number.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2022	\$228.60	\$228.60	\$228.60	These services were also allowed on another claim number.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2023	\$171.45	\$171.45	\$171.45	These services were also allowed on another claim number.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2022	\$114.30	\$114.30	\$114.30	These services were also allowed on another claim number.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2023	\$57.16	\$57.16	\$57.16	These services were also allowed on another claim number.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2023	\$171.45	\$171.45	\$171.45	These services were also allowed on another claim number.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2024	\$94.35	\$94.35	\$94.35	This claim exceeds the total contractual Other Diagnostic Radiology Services Per Visit Rate allowed amount.

452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2019	\$7,094.63	\$7,094.63	\$7,094.63	Services provided after Member Coverage End Date.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2020	\$91.26	\$91.26	\$91.26	These services were also allowed on another claim number.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2019	\$1,019.69	\$1,019.69	\$1,019.69	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2019	\$754.51	\$754.51	\$754.51	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2023	\$16.86	\$16.86	\$16.86	Per contractual agreement outpatient services that occur within three calendar days are considered included in inpatient rate.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2024	\$225.35	\$225.35	\$225.35	Member's coverage lapsed inbetween.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2024	\$16,767.74	\$16,767.74	\$16,767.74	These services were also allowed on another claim number.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2021	\$90.00	\$90.00	\$90.00	Claim incorrectly coordinated.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2022	\$533.60	\$533.60	\$533.60	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2022	\$1,708.00	\$1,708.00	\$997.62	Reimbursement for outpatient services that occur within three calendar days immediately preceding of admission are included in the inpatient contractual allowed amount.
452147328	HOBOKEN HOSPITAL CENTER	PA	2019	\$99,813.88	\$7,130.04	\$7,130.04	Incorrect benefit level paid
452147328	HOBOKEN UNIVERSITY MEDICAL CE	PA	2020	\$89,030.00	\$35,612.00	\$35,612.00	Please refund -Coordination of benefits - submit claim to Medicare
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2023	\$4,698.68	\$4,698.68	\$4,698.68	Paid as primary in error.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2024	\$2,946.13	\$2,946.13	\$2,946.13	Paid as primary in error.
452147328	HOBOKEN UMC	PA	2024	\$18,592.82	\$18,592.82	\$18,592.82	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2024	\$13,816.49	\$106.01	\$106.01	This claim processed using an incorrect allowed amount according to the network contract in effect for this date of service.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2022	\$5,472.14	\$3,242.00	\$3,242.00	This claim processed using an incorrect allowed amount according to the network contract in effect for this date of service.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2019	\$94,595.19	\$50,676.38	\$50,676.38	A review of the medical records submitted did not validate the principal diagnosis
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2023	\$2,087.00	\$2,087.00	\$2,087.00	Per contractual agreement outpatient services that occur within three calendar days of admission are considered included in inpatient rate.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2023	\$99,986.00	\$3,850.00	\$3,850.00	During the audit it was found the Paid DRG of 853 was incorrectly coded and should have been 239 leading to an overpayment. The detailed audit letter was sent to your coding department.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2023	\$15,739.10	\$2,640.84	\$2,640.84	During the audit it was found the Paid DRG of 1943 was incorrectly coded and should have been 1942 leading to an overpayment. The detailed audit letter was sent to your coding department.

452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2024	\$10,110.91	\$3,525.38	\$3,525.38	During the audit it was found the Paid DRG of 3833 was incorrectly coded and should have been 3832 leading to an overpayment. The detailed audit letter was sent to your coding department.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2024	\$10,784.42	\$1,584.12	\$1,584.12	During the audit it was found the Paid DRG of 871 was incorrectly coded and should have been 689 leading to an overpayment. The detailed audit letter was sent to your coding department.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2024	\$95,754.39	\$65,640.49	\$65,640.49	During the audit it was found the Paid DRG of 326 was incorrectly coded and should have been 328 leading to an overpayment. The detailed audit letter was sent to your coding department.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2024	\$20,420.12	\$12,151.65	\$12,151.65	During the audit it was found the Paid DRG of 871 was incorrectly coded and should have been 195 leading to an overpayment. The detailed audit letter was sent to your coding department.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2024	\$6,056.23	\$1,108.13	\$1,108.13	During the audit it was found the Paid DRG of 7201 was incorrectly coded and should have been 3831 leading to an overpayment. The detailed audit letter was sent to your coding department.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	NJ	2024	\$20,622.94	\$9,703.53	\$9,703.53	During the audit it was found the Paid DRG of 1944 was incorrectly coded and should have been 1943 leading to an overpayment. The detailed audit letter was sent to your coding department.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2020	\$96,399.12	\$80,983.83	\$78,846.83	Overpayment due to DRG review MCCDLT A MCC code was deleted
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2021	\$62,511.32	\$50,351.25	\$4,007.38	Overpayment due to DRG review MCCDLT A MCC code was deleted
452147328	HOBOKEN UNIVERSITY MEDICAL CE	PA	2024	\$8,670.60	\$6,516.00	\$6,516.00	Please refund -Corrected bill submitted
452147328	HOBOKEN UNIVERSITY MEDICAL CE	PA	2022	\$256.00	\$256.00	\$256.00	Please refund -Incorrect contract rate applied
452147328	HOBOKEN UNIVERSITY MEDICAL CE	NJ	2023	\$6,086.95	\$1,217.39	\$1,217.39	Please refund -Claim paid on incorrect number of units
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2024	\$5,670.92	\$5,557.50	\$5,557.50	Missing/incomplete/invalid billing provider/supplier primary identifier.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2024	\$140.00	\$130.51	\$130.51	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2024	\$25.44	\$24.81	\$24.81	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2024	\$35.14	\$35.14	\$35.14	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
452147328	HOBOKEN UNIVERSITY MEDICAL CENTER	PA	2024	\$23.03	\$23.03	\$23.03	Claim paid to incorrect Payee ID.
452147328	HOBOKEN UMC	PA	2024	\$8,337.00	\$5,423.00	\$5,423.00	This claim has been paid in accordance with the contract agreement.
452147328	HOBOKEN UMC	PA	2024	\$8,487.00	\$5,423.00	\$5,423.00	This claim has been paid in accordance with the contract agreement.

Total Balance Due	\$365,321.41
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EXHIBIT C

Christ Debtor Post-Petition Overpayment Report

<u>Provider Tin</u>	<u>Provider Full Name</u>	<u>State</u>	<u>First DOS</u>	<u>Last DOS</u>	<u>Claim Paid Amount</u>	<u>Claim Audit Amount</u>	<u>Balance Due</u>	<u>Pay Date</u>	<u>Collection description</u>	
383870608	CHRIST HOSPITAL LLC	PA	12/2024	12/2024	\$140.00	\$140.00	\$140.00	01/10/2025		
383870608	CHRIST HOSPITAL	PA	11/2024	11/2024	\$1,337.37	\$1,337.37	\$1,337.37	12/09/2024		
TOTAL:									\$1,477.37	

Christ Debtor As-Filed Proof of Claim

United States Bankruptcy Court for the District of Delaware	
Name of Debtor: Hudson Hospital Opc LLC d/b/a CarePoint Health-Christ Hospital	For Court Use Only
Case Number: 24-12546	Claim Number: 0000010158
	File Date: 12/11/2024 12:55:46

Proof of Claim (Official Form 410)

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

04/22

Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim): UnitedHealthcare Insurance Company

Other names the creditor used with the debtor: _____

2. Has this claim been acquired from someone else? No Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Name: UnitedHealthcare Insurance Company

Address: ATTN: CDM/Bankruptcy

185 Asylum Street - 03B

City: Hartford

State: CT ZIP Code: 06103

Country (if International): _____

Phone: _____

Email: priya_muthu@uhc.com

Where should payments to the creditor be sent? (if different)

Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Country (if International): _____

Phone: _____

Email: _____

4. Does this claim amend one already filed?

No

Yes.

Claim number on court claims register (if known) _____

Filed on _____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

No

Yes.

Who made the earlier filing? _____

<p>6. Do you have any number you use to identify the debtor?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes.</p> <p>Last 4 digits of the debtor's account or any number you use to identify the debtor:</p> <p>0608</p>	<p>7. How much is the claim?</p> <p>\$ 197,108.56</p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>	<p>8. What is the basis of the claim?</p> <p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p>Other Basis _____</p>
<p>9. Is all or part of the claim secured?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection:</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p>	<p>10. Is this claim based on a lease?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition.</p> <p>\$ _____</p>	<p>11. Is this claim subject to a right of setoff?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>
<p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Check one:</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (_____) that applies. \$ _____</p>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p>Amount entitled to priority</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p>		
<p>13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?</p>		
<p><input checked="" type="checkbox"/> No</p>		
<p><input type="checkbox"/> Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____</p>		

The person completing
this proof of claim must
sign and date it. FRBP
9011(b).

If you file this claim
electronically, FRBP
5005(a)(2) authorizes
courts to establish local
rules specifying what a
signature is.

A person who files a
fraudulent claim could
be fined up to \$500,000,
imprisoned for up to 5
years, or both. 18 U.S.C.
§§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Priya Muthu

12/11/2024 12:55:46

Signature

Date

Provide the name and contact information of the person completing and signing this claim:

Name Priya Muthu

Address UnitedHealthcare Insurance Company

185 Asylum Street - 03B

City Hartford

State CT

Zip 06103

Country (in international)

Phone

Email priya_muthu@uhc.com



December 11, 2024

Hudson Hospital Opco LLC dba CarePoint
Health-Christ Hospital

Chpt. 11 Bankruptcy

Filed: 11/3/24 | Case No. 24-12546

Reservation of Rights:

UnitedHealthcare Insurance Company ("United") reserves its right to amend this claim to further liquidate the amount of overpayment owed by the Debtor to United based on the results of United's ongoing audit of claims submitted by the Debtor.

Provider Tin	Provider Name	State	Date of Service	Amount of Claim Paid by UHC	Claim Audit Amount	Balance Due	Collection Description
383870608	CHRIST HOSPITAL	PA	2023	\$1,679.25	\$1,679.25	\$1,679.25	Services provided after members termination date.
383870608	CHRIST HOSPITAL	NJ	2024	\$465.00	\$325.00	\$325.00	Claim should have allowed \$140.00 for all services.
383870608	CHRIST HOSPITAL	NJ	2024	\$149.36	\$36.81	\$36.81	Claim should have allowed \$112.55 for all services.
383870608	CHRIST HOSPITAL	NJ	2024	\$465.00	\$325.00	\$325.00	Claim should have allowed \$140.00 for all services.
383870608	CHRIST HOSPITAL	NJ	2024	\$245.49	\$37.08	\$37.08	Claim should have allowed \$208.41 for all services.
383870608	CHRIST HOSPITAL	NJ	2024	\$465.00	\$325.00	\$325.00	Claim should have allowed \$140.00 for all services.
383870608	CHRIST HOSPITAL	NJ	2024	\$465.00	\$325.00	\$325.00	Claim should have allowed \$140.00 for all services.
383870608	CHRIST HOSPITAL	NJ	2019	\$292.95	\$152.95	\$152.95	Claim should have allowed the contracted rate of \$140.00.
							Reimbursement for outpatient services that occur within three calendar days immediately preceding of admission are considered included in the inpatient contractual allowed amount.
383870608	CHRIST HOSPITAL	PA	2024	\$876.01	\$876.01	\$876.01	
383870608	CHRIST HOSPITAL	NJ	2019	\$544.00	\$124.00	\$124.00	Claims were paid at higher ER rates than are justified per billed criteria.
383870608	CHRIST HOSPITAL	NJ	2019	\$544.00	\$124.00	\$124.00	Claims were paid at higher ER rates than are justified per billed criteria.
383870608	CHRIST HOSPITAL	NJ	2019	\$544.00	\$124.00	\$124.00	Claims were paid at higher ER rates than are justified per billed criteria.
383870608	CHRIST HOSPITAL	NJ	2019	\$544.00	\$124.00	\$124.00	Claims were paid at higher ER rates than are justified per billed criteria.
383870608	CHRIST HOSPITAL	NJ	2019	\$544.00	\$124.00	\$124.00	Claims were paid at higher ER rates than are justified per billed criteria.
383870608	CHRIST HOSPITAL	NJ	2019	\$544.00	\$243.00	\$243.00	Claims were paid at higher ER rates than are justified per billed criteria.
383870608	CHRIST HOSPITAL LLC	PA	2019	\$449.08	\$9.42	\$9.42	No NDC code.
383870608	CHRIST HOSPITAL LLC	PA	2019	\$171.18	\$171.18	\$171.18	Member had primary coverage through Medicare for this date of service. Please submit claim to primary carrier for reimbursement.
383870608	CHRIST HOSPITAL LLC	PA	2023	\$8,574.15	\$8,574.15	\$8,574.15	Member enrolled in Medicare hospice program.
383870608	CHRIST HOSPITAL LLC	PA	2023	\$140.00	\$140.00	\$140.00	Our records indicate that this member never had active coverage under this policy.
383870608	CHRIST HOSPITAL	PA	2024	\$3,196.83	\$3,196.83	\$3,196.83	Corrected claim received and processed.

383870608	CHRIST HOSPITAL	PA	2024	\$3,294.83	\$100.00	\$100.00	Correct member liability on this claim is \$100.00 per their benefit package.
383870608	CHRIST HOSPITAL LLC	PA	2024	\$27,347.66	\$27,347.66	\$27,347.66	Member enrolled in Medicare hospice program.
383870608	CHRIST HOSPITAL LLC	PA	2022	\$450.64	\$450.64	\$450.64	Claim incorrectly coordinated.
383870608	CHRIST HOSPITAL LLC	PA	2019	\$90.00	\$90.00	\$90.00	Claim incorrectly coordinated.
383870608	CHRIST HOSPITAL LLC	PA	2023	\$9,543.83	\$3,650.22	\$752.09	A DRG review was performed which resulted in a change in DRG from 4693 to 4692.
383870608	CHRIST HOSPITAL	PA	2023	\$10,782.01	\$1,582.74	\$1,582.74	A DRG review was performed which resulted in a change in DRG from 689 to 690.
383870608	CHRIST HOSPITAL	NJ	2024	\$8,498.23	\$3,423.87	\$3,423.87	A DRG review was performed which resulted in a change in DRG from 7202 to 1391.
383870608	CHRIST HOSPITAL	NJ	2024	\$30,636.24	\$15,665.50	\$15,665.50	A DRG review was performed which resulted in a change in DRG from 7204 to 2793.
383870608	CHRIST HOSPITAL	NJ	2024	\$26,933.37	\$8,077.78	\$8,077.78	A DRG review was performed which resulted in a change in DRG from 1803 to 3143.
383870608	CHRIST HOSPITAL	PA	2022	\$53,429.78	\$23,740.19	\$15,536.99	According to coding guidelines and documentation in the record; this diagnosis does not qualify for reporting.
383870608	CHRIST HOSPITAL	NJ	2023	\$33,765.98	\$20,467.39	\$20,467.39	Incorrectly coded and detailed audit letter was sent to your coding department.
383870608	CHRIST HOSPITAL	PA	2024	\$20,815.99	\$8,628.34	\$8,628.34	Assumptive-Medical Records or Medical Documentation has not been received as requested to substantiate services rendered.
383870608	CHRIST HOSPITAL	PA	2024	\$11,199.14	\$2,311.87	\$2,311.87	Assumptive-Medical Records or Medical Documentation has not been received as requested to substantiate services rendered.
383870608	CHRIST HOSPITAL	PA	2023	\$17,051.35	\$4,795.35	\$3,781.96	Pays CPT Code 49650 100 of ORATECPT Code.
383870608	CHRIST HOSPITAL	PA	2021	\$69,537.55	\$56,388.01	\$56,388.01	Overpayment due to DRG review MCCDLT A MCC code was deleted
383870608	CHRIST HOSPITAL	PA	2024	\$2,296.00	\$1,090.12	\$1,090.12	Please refund -Corrected bill submitted
383870608	CHRIST HOSPITAL	PA	2024	\$133.39	\$133.39	\$133.39	Claim paid for services not rendered
383870608	CHRIST HOSPITAL	PA	2024	\$7,609.18	\$4,944.80	\$4,944.80	Please refund -Corrected bill submitted
383870608	CHRIST HOSPITAL	PA	2023	\$8,421.23	\$8,421.23	\$8,421.23	Claim paid on incorrect member/patient
383870608	CHRIST HOSPITAL	PA	2024	\$877.50	\$877.50	\$877.50	INN Provider No Auth On File.

Total Balance Due	\$197,108.56
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EXHIBIT D

Garden State Debtor Post-Petition Overpayment Report

<u>Provider Tin</u>	<u>Provider Full Name</u>	<u>State</u>	<u>First DOS</u>	<u>Last DOS</u>	<u>Claim Paid Amount</u>	<u>Claim Audit Amount</u>	<u>Balance Due</u>	<u>Pay Date</u>	<u>Collection description</u>
270444414	CESAR, M.D., CARLOS E.	NJ	04/2020	04/2020	\$187.50	\$187.50	\$97.81	07/09/2020	
270444414	KOCIA, M.D., ORJETA	NJ	10/2020	10/2020	\$79.55	\$79.55	\$79.55	01/24/2022	
270444414	DUHANEY, M.D., MICHAEL O.	NJ	05/2020	05/2020	\$10.14	\$10.14	\$10.14	01/24/2022	
270444414	MICHAEL AHN DO	NJ	12/2024	12/2024	\$119.41	\$77.60	\$77.60	12/21/2024	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	12/2024	12/2024	\$82.52	\$82.52	\$82.52	02/05/2025	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	11/2024	11/2024	\$133.35	\$133.35	\$133.35	12/30/2024	

TOTAL:

\$480.97

Garden State Debtor As-Filed Proof of Claim

United States Bankruptcy Court for the District of Delaware	
Name of Debtor: Garden State Healthcare Associates, LLC	For Court Use Only
Case Number: 24-12543	Claim Number: 0000010215
	File Date: 01/06/2025 12:03:23

Proof of Claim (Official Form 410)

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

04/22

Part 1: Identify the Claim																	
<p>1. Who is the current creditor? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p> <p>Name of the current creditor (the person or entity to be paid for this claim): UnitedHealthcare Insurance Company</p> <p>Other names the creditor used with the debtor: _____</p>																	
<p>2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p>																	
<p>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> <table border="0"> <tr> <td>Where should notices to the creditor be sent?</td> <td>Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td>Name: UnitedHealthcare Insurance Company</td> <td>Name: _____</td> </tr> <tr> <td>Address: ATTN: CDM/Bankruptcy 185 Asylum Street - 03B</td> <td>Address: _____</td> </tr> <tr> <td>City: Hartford</td> <td>City: _____</td> </tr> <tr> <td>State: CT ZIP Code: 06103</td> <td>State: _____ ZIP Code: _____</td> </tr> <tr> <td>Country (if International): _____</td> <td>Country (if International): _____</td> </tr> <tr> <td>Phone: _____</td> <td>Phone: _____</td> </tr> <tr> <td>Email: priya_muthu@uhc.com</td> <td>Email: _____</td> </tr> </table>		Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	Name: UnitedHealthcare Insurance Company	Name: _____	Address: ATTN: CDM/Bankruptcy 185 Asylum Street - 03B	Address: _____	City: Hartford	City: _____	State: CT ZIP Code: 06103	State: _____ ZIP Code: _____	Country (if International): _____	Country (if International): _____	Phone: _____	Phone: _____	Email: priya_muthu@uhc.com	Email: _____
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)																
Name: UnitedHealthcare Insurance Company	Name: _____																
Address: ATTN: CDM/Bankruptcy 185 Asylum Street - 03B	Address: _____																
City: Hartford	City: _____																
State: CT ZIP Code: 06103	State: _____ ZIP Code: _____																
Country (if International): _____	Country (if International): _____																
Phone: _____	Phone: _____																
Email: priya_muthu@uhc.com	Email: _____																
<p>4. Does this claim amend one already filed?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <p>Claim number on court claims register (if known) _____</p> <p>Filed on _____ MM / DD / YYYY</p>																	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes.</p> <p>Who made the earlier filing? _____</p>																	

<p>6. Do you have any number you use to identify the debtor?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes.</p> <p>Last 4 digits of the debtor's account or any number you use to identify the debtor:</p> <p>4414</p>	<p>7. How much is the claim?</p> <p>\$ 81,696.25</p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>	<p>8. What is the basis of the claim?</p> <p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p>Other Basis _____</p>											
<p>9. Is all or part of the claim secured?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p>	<p>10. Is this claim based on a lease?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition.</p> <p>\$ _____</p>	<p>11. Is this claim subject to a right of setoff?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>											
<p>Basis for perfection:</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Check one:</p> <table border="0"> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (_____) that applies.</td> <td>\$ _____</td> </tr> </table> <p>* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p> <p>13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____</p>	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (_____) that applies.	\$ _____
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____												
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____												
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____												
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____												
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____												
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (_____) that applies.	\$ _____												

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Priya Muthu

01/06/2025 12:03:23

Signature

Date

Provide the name and contact information of the person completing and signing this claim:

Name Priya Muthu

Address UnitedHealthcare Insurance Company

185 Asylum Street - 03B

City Hartford

State CT

Zip 06103

Country (in international) United States of America

Phone

Email priya_muthu@uhc.com



January 6, 2025

Garden State Healthcare Associates, LLC

Chpt. 11 Bankruptcy

Filed: 11/3/24 | Case No. 24-12543

Reservation of Rights:

UnitedHealthcare Insurance Company ("United") reserves its right to amend this claim to further liquidate the amount of overpayment owed by the Debtor to United based on the results of United's ongoing audit of claims submitted by the Debtor.

Provider Tin	Provider Name	State	Date of Service	Amount of Claim Paid by UHC	Claim Audit Amount	Balance Due	Collection Description
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$34.66	\$34.66	\$34.66	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$114.72	\$114.72	\$114.72	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$82.52	\$41.26	\$41.26	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$82.52	\$41.26	\$41.26	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2021	\$83.24	\$41.62	\$41.62	
270444414	STEINBERG, MICHAEL L.	NJ	2021	\$59.29	\$59.29	\$59.29	
270444414	ORBELYAN, GERASIM A.	NJ	2021	\$53.48	\$53.48	\$53.48	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$4.30	\$4.30	\$4.30	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$56.62	\$56.62	\$56.62	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$50.14	\$50.14	\$50.14	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$52.54	\$52.54	\$52.54	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$82.52	\$82.52	\$82.52	
270444414	ZUBACK, JOSEPH R.	NJ	2021	\$20.91	\$20.91	\$20.91	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$44.95	\$44.95	\$44.95	
270444414	VALDI SAPIRA MD	NJ	2021	\$23.22	\$23.22	\$23.22	
270444414	GERASIM A ORBELYAN MD	NJ	2021	\$214.38	\$32.06	\$32.06	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$65.71	\$9.86	\$9.86	

270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$50.24	\$7.54	\$7.54
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$23.22	\$3.48	\$3.48
270444414	SATURNINO HERRERA MD	NJ	2021	\$83.07	\$83.07	\$83.07
270444414	DAVID SINGH MD	NJ	2021	\$69.47	\$69.47	\$69.47
270444414	SATURNINO HERRERA MD	NJ	2021	\$114.72	\$114.72	\$114.72
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$23.22	\$23.22	\$23.22
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$74.02	\$74.02	\$74.02
270444414	JOCELYN MARIE P LIM MD	NJ	2021	\$41.26	\$41.26	\$41.26
270444414	OLEG FOMITCHEV MD	NJ	2021	\$23.22	\$23.22	\$23.22
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$31.21	\$31.21	\$31.21
270444414	LAMONT L MITCHELL DO	NJ	2021	\$65.71	\$65.71	\$65.71
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$41.26	\$41.26	\$41.26
270444414	AMEL A BADR MD	NJ	2021	\$266.00	\$57.00	\$57.00
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$256.31	\$73.99	\$73.99
270444414	JOCELYN MARIE P LIM MD	NJ	2021	\$82.52	\$82.52	\$82.52
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$42.34	\$42.34	\$42.34
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$12.55	\$12.55	\$12.55
270444414	JOHN A COCCARO MD	NJ	2021	\$23.22	\$23.22	\$23.22
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$34.66	\$34.66	\$34.66
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$59.54	\$59.54	\$59.54
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$34.66	\$34.66	\$34.66
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$34.66	\$34.66	\$34.66
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$19.59	\$19.59	\$19.59
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$22.75	\$22.75	\$22.75
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$98.43	\$56.62	\$56.62
270444414	NIKHIL K JAIN MD	NJ	2021	\$17.49	\$17.49	\$17.49
270444414	VIVEK MASSON MD	NJ	2022	\$47.00	\$47.00	\$47.00
270444414	JOSEPH R ZUBACK MD	NJ	2022	\$31.45	\$31.45	\$31.45
270444414	JOCELYN MARIE P LIM MD	NJ	2022	\$58.95	\$58.95	\$58.95
270444414	JOHN A COCCARO MD	NJ	2022	\$24.17	\$24.17	\$24.17
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$23.22	\$23.22	\$23.22
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$57.38	\$57.38	\$57.38

270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$77.35	\$77.35	\$77.35	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$377.50	\$182.32	\$182.32	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$73.99	\$73.99	\$73.99	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$34.66	\$34.66	\$34.66	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$24.25	\$24.25	\$24.25	
270444414	JOCELYN MARIE P LIM MD	NJ	2022	\$41.26	\$41.26	\$41.26	
270444414	JOCELYN MARIE P LIM MD	NJ	2021	\$41.26	\$41.26	\$41.26	
270444414	JOCELYN MARIE P LIM MD	NJ	2021	\$41.26	\$41.26	\$41.26	
270444414	JOCELYN MARIE P LIM MD	NJ	2021	\$58.95	\$58.95	\$58.95	
270444414	CARLOS E CESAR MD	NJ	2022	\$11.91	\$11.91	\$11.91	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$102.33	\$102.33	\$102.33	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$23.22	\$23.22	\$23.22	
270444414	JOCELYN MARIE P LIM MD	NJ	2021	\$41.26	\$41.26	\$41.26	
270444414	JOCELYN MARIE P LIM MD	NJ	2021	\$41.26	\$41.26	\$41.26	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$148.01	\$73.99	\$73.99	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$5.15	\$5.15	\$5.15	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$77.60	\$77.60	\$77.60	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$56.62	\$56.62	\$56.62	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$57.38	\$57.38	\$57.38	
270444414	NEIL RASWANT MD	NJ	2022	\$34.66	\$34.66	\$34.66	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$1,220.00	\$72.62	\$72.62	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$210.42	\$210.42	\$210.42	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$499.61	\$73.99	\$73.99	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$55.70	\$55.70	\$55.70	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$49.30	\$49.30	\$49.30	

270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$34.66	\$34.66	\$34.66
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$49.09	\$49.09	\$49.09
270444414	CARLOS E CESAR MD	NJ	2022	\$365.21	\$91.33	\$91.33
270444414	CARLOS E CESAR MD	NJ	2022	\$377.27	\$91.33	\$91.33
270444414	FRANCINE HYMAN MD	NJ	2022	\$41.81	\$41.81	\$41.81
	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$34.66	\$34.66	\$34.66
270444414	MICHAEL L STEINBERG MD	NJ	2022	\$31.10	\$31.10	\$31.10
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$100.89	\$44.27	\$44.27
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$41.26	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$56.62	\$56.62	\$56.62
270444414	MARIA-THERESA HO MD	NJ	2022	\$23.22	\$23.22	\$23.22
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$65.32	\$65.32	\$65.32
270444414	NEIL RASWANT MD	NJ	2022	\$11.91	\$11.91	\$11.91
270444414	DRAGANA OBRADOVIC NP	NJ	2022	\$38.21	\$38.21	\$38.21
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$73.99	\$73.99	\$73.99
270444414	CAITLIN M JONES MD	NJ	2022	\$23.22	\$23.22	\$23.22
270444414	JOCELYN MARIE P LIM MD	NJ	2022	\$41.26	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$57.98	\$57.98	\$57.98
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$83.56	\$83.56	\$83.56
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$104.10	\$104.10	\$104.10
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$31.21	\$31.21	\$31.21
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$44.95	\$44.95	\$44.95
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$55.70	\$55.70	\$55.70
270444414	AILEEN BABARAN DO	NJ	2022	\$52.54	\$18.73	\$18.73
270444414	AILEEN BABARAN DO	NJ	2022	\$32.06	\$12.15	\$12.15
270444414	AILEEN BABARAN DO	NJ	2022	\$32.06	\$12.15	\$12.15
270444414	AILEEN BABARAN DO	NJ	2022	\$52.54	\$18.73	\$18.73
270444414	VALERIE F BUISSON MD	NJ	2022	\$74.90	\$26.96	\$26.96
270444414	AILEEN BABARAN DO	NJ	2022	\$32.06	\$12.15	\$12.15
270444414	AILEEN BABARAN DO	NJ	2022	\$16.74	\$6.46	\$6.46
270444414	AILEEN BABARAN DO	NJ	2022	\$52.54	\$18.73	\$18.73
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$77.60	\$77.60	\$77.60
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$44.27	\$44.27	\$44.27
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$23.22	\$23.22	\$23.22

270444414	STANTON KOFSKY MD	NJ	2022	\$30.70	\$30.70	\$30.70
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$151.97	\$151.97	\$151.97
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$79.49	\$79.49	\$79.49
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$100.89	\$44.27	\$44.27
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$338.00	\$338.00	\$338.00
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$41.26	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$24.65	\$24.65	\$24.65
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$73.99	\$73.99	\$73.99
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$52.54	\$52.54	\$52.54
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$44.95	\$44.95	\$44.95
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$41.26	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$55.70	\$55.70	\$55.70
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$44.95	\$44.95	\$44.95
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$100.21	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$44.95	\$44.95	\$44.95
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$1,664.00	\$1,664.00	\$1,664.00
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$100.89	\$56.62	\$56.62
270444414	BANKIMCHANDRA D DESAI MD	NJ	2023	\$77.60	\$77.60	\$77.60
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$74.02	\$74.02	\$74.02
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$41.26	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$4.30	\$4.30	\$4.30
270444414	SARA F GELLIS DO	NJ	2023	\$56.22	\$56.22	\$56.22
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$301.32	\$301.32	\$301.32
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$100.28	\$100.28	\$100.28

270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$98.64	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$69.58	\$69.58	\$69.58
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$22.86	\$22.86	\$22.86
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$79.56	\$79.56	\$79.56
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$29.00	\$29.00	\$29.00
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$58.95	\$58.95	\$58.95
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$14.96	\$14.96	\$14.96
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$77.60	\$77.60	\$77.60
270444414	MIKHAIL B LITINSKI MD	NJ	2023	\$58.95	\$58.95	\$58.95
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$118.12	\$31.21	\$31.21
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$31.21	\$31.21	\$31.21
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$293.51	\$73.26	\$73.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$100.89	\$44.27	\$44.27
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$39.90	\$25.07	\$25.07
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$10.55	\$10.55	\$10.55
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$22.29	\$22.29	\$22.29
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$77.60	\$77.60	\$77.60
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$5.15	\$5.15	\$5.15
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$74.02	\$74.02	\$74.02
270444414	MARK A CANNING NP	NJ	2023	\$109.68	\$5.48	\$5.48
270444414	MARK A CANNING NP	NJ	2023	\$117.67	\$5.89	\$5.89
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$41.26	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$41.26	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$41.26	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$301.32	\$301.32	\$301.32
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$102.55	\$41.26	\$41.26
270444414	DOUGLAS C BOXER MD	NJ	2023	\$28.84	\$28.84	\$28.84
270444414	EDWARD S FOBBEN MD	NJ	2023	\$72.45	\$72.45	\$72.45

270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$61.29	\$61.29	\$61.29
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$102.55	\$41.26	\$41.26
270444414	PRIYANKA GILL MD	NJ	2023	\$440.91	\$75.63	\$75.63
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$31.21	\$31.21	\$31.21
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$55.70	\$55.70	\$55.70
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$767.01	\$19.50	\$19.50
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$81.22	\$81.22	\$81.22
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$31.52	\$8.60	\$8.60
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$41.26	\$41.26	\$41.26
270444414	ELIZABETH A SCHEFF MD	NJ	2024	\$340.56	\$22.29	\$22.29
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$41.26	\$41.26	\$41.26
270444414	ELIZABETH A SCHEFF MD	NJ	2024	\$57.38	\$57.38	\$57.38
270444414	BORA TOKLU MD	NJ	2024	\$173.67	\$58.95	\$58.95
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$82.52	\$41.26	\$41.26
270444414	RATTAN M PATEL MD	NJ	2024	\$41.26	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$279.26	\$42.02	\$42.02
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$228.52	\$7.57	\$7.57
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$22.29	\$22.29	\$22.29
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$41.26	\$41.26	\$41.26
270444414	GARDEN STATE HEALTH CARE	NJ	2023	\$84.54	\$84.54	\$84.54
270444414	GARDEN STATE HEALTH CARE	NJ	2023	\$169.08	\$169.08	\$169.08
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2023	\$3,736.04	\$3,736.04	\$2,923.97
270444414	MICHAEL AHN	NJ	2024	\$105.41	\$105.41	\$105.41
270444414	JAY P SHAH MD	NJ	2024	\$41.26	\$41.26	\$41.26
270444414	OLGA A ABDUAKHADOV MD	NJ	2024	\$41.26	\$41.26	\$41.26
270444414	ANWAR A RIZVI MD	NJ	2024	\$41.26	\$41.26	\$41.26
270444414	VIVEK MASSON M.D.	NJ	2023	\$56.63	\$56.63	\$56.63
270444414	VIVEK MASSON M.D.	NJ	2023	\$16.62	\$16.62	\$16.62

270444414	VIVEK MASSON M.D.	NJ	2023	\$93.13	\$93.13	\$93.13
270444414	VIVEK MASSON M.D.	NJ	2023	\$9.40	\$9.40	\$9.40
270444414	JOSEPH R ZUBACK MD	NJ	2019	\$63.26	\$63.26	\$63.26
270444414	JOSEPH R ZUBACK MD	NJ	2019	\$49.00	\$49.00	\$49.00
270444414	JOSEPH R ZUBACK MD	NJ	2019	\$49.00	\$49.00	\$49.00
270444414	JOSEPH R ZUBACK MD	NJ	2019	\$55.00	\$55.00	\$55.00
270444414	MARIA-THERESA HO MD	NJ	2019	\$80.93	\$80.93	\$80.93
270444414	JENNIFER MICHELLE HENDI	NJ	2023	\$15.29	\$15.29	\$15.29
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$114.72	\$114.72	\$114.72
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$188.27	\$188.27	\$188.27
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$22.92	\$22.92	\$22.92
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$58.95	\$58.95	\$58.95
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$49.30	\$49.30	\$49.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$20.05	\$20.05	\$20.05
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$21.77	\$21.77	\$21.77
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$5.15	\$5.15	\$5.15
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$114.72	\$114.72	\$114.72
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$65.71	\$65.71	\$65.71
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$54.00	\$54.00	\$54.00
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$16.62	\$16.62	\$16.62
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$65.71	\$65.71	\$65.71
270444414	AMEL A BADR MD	NJ	2021	\$72.00	\$72.00	\$72.00
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$17.49	\$17.49	\$17.49
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$22.75	\$22.75	\$22.75
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$95.00	\$95.00	\$95.00
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$77.06	\$77.06	\$77.06
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$22.52	\$22.52	\$22.52

270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$65.71	\$65.71	\$65.71	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$5.15	\$5.15	\$5.15	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$125.38	\$125.38	\$125.38	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$49.30	\$49.30	\$49.30	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$4.30	\$4.30	\$4.30	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$65.71	\$65.71	\$65.71	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$65.71	\$65.71	\$65.71	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$5.12	\$5.12	\$5.12	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$22.92	\$22.92	\$22.92	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$112.95	\$112.95	\$112.95	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$4.30	\$4.30	\$4.30	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$12.31	\$12.31	\$12.31	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2020	\$188.27	\$188.27	\$188.27	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$65.71	\$65.71	\$65.71	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$47.00	\$47.00	\$47.00	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$18.20	\$18.20	\$18.20	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$22.92	\$22.92	\$22.92	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$34.66	\$34.66	\$34.66	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$25.11	\$25.11	\$25.11	

270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$676.00	\$676.00	\$676.00	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$47.00	\$47.00	\$47.00	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$34.66	\$34.66	\$34.66	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$57.00	\$57.00	\$57.00	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$58.95	\$58.95	\$58.95	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$27.64	\$27.64	\$27.64	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$41.26	\$41.26	\$41.26	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$61.29	\$61.29	\$61.29	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$4.30	\$4.30	\$4.30	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$41.26	\$41.26	\$41.26	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$4.30	\$4.30	\$4.30	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$22.13	\$22.13	\$22.13	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$22.92	\$22.92	\$22.92	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$65.71	\$65.71	\$65.71	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$34.66	\$34.66	\$34.66	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$5.15	\$5.15	\$5.15	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$301.32	\$301.32	\$301.32	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$119.41	\$41.81	\$41.81	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$150.66	\$150.66	\$150.66	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$23.22	\$23.22	\$23.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$5.12	\$5.12	\$5.12	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$129.69	\$129.69	\$129.69	
270444414	VALDI SAPIRA MD	NJ	2022	\$23.22	\$23.22	\$23.22	
270444414	SASHI WETTIMUNY DO	NJ	2022	\$82.25	\$82.25	\$82.25	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$34.66	\$34.66	\$34.66	

270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$41.26	\$41.26	\$41.26	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$2,367.00	\$2,243.22	\$2,243.22	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$125.38	\$125.38	\$125.38	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$75.99	\$75.99	\$75.99	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$55.70	\$55.70	\$55.70	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$147.98	\$147.98	\$147.98	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$50.59	\$50.59	\$50.59	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$74.02	\$74.02	\$74.02	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$31.21	\$31.21	\$31.21	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$1,926.00	\$1,825.79	\$1,825.79	
270444414	ABIODUN A OLATUBOSUN M.A.	NJ	2022	\$222.06	\$33.30	\$33.30	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$55.70	\$55.70	\$55.70	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$79.49	\$79.49	\$79.49	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$180.00	\$180.00	\$180.00	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$309.71	\$309.71	\$309.71	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$125.38	\$125.38	\$125.38	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$250.76	\$250.76	\$250.76	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$249.16	\$125.38	\$125.38	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$624.00	\$624.00	\$624.00	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$144.62	\$144.62	\$144.62	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$113.68	\$113.68	\$113.68	
270444414	HATEM M ELHAGALY MD	NJ	2024	\$65.32	\$65.32	\$65.32	
270444414	JUDE C EMELUMBA M.A.	NJ	2023	\$156.49	\$27.14	\$27.14	
270444414	JUDE C EMELUMBA M.A.	NJ	2023	\$156.49	\$27.14	\$27.14	
270444414	JUDE C EMELUMBA M.A.	NJ	2023	\$156.49	\$27.14	\$27.14	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$1,352.00	\$1,352.00	\$1,352.00	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$81.18	\$81.18	\$81.18	
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$23.14	\$23.14	\$23.14	

270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$31.21	\$31.21	\$31.21
270444414	JOSEPH R ZUBACK	NJ	2023	\$63.60	\$63.60	\$63.60
270444414	GHULAM M BAJWA M.D.	NJ	2018	\$45.21	\$45.21	\$45.21
270444414	AMISH P PATEL M.D.	NJ	2016	\$40.47	\$18.73	\$18.73
270444414	AMISH P PATEL M.D.	NJ	2016	\$40.47	\$18.73	\$18.73
270444414	AMISH P PATEL M.D.	NJ	2016	\$40.47	\$18.73	\$18.73
270444414	HOWARD B KESSLER M.D.	NJ	2017	\$19.65	\$9.83	\$9.83
270444414	HOWARD B KESSLER M.D.	NJ	2017	\$39.65	\$19.83	\$19.83
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$219.83	\$219.83	\$219.83
270444414	MICHAEL L STEINBERG	NJ	2024	\$20.38	\$20.38	\$20.38
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$81.00	\$2.09	\$2.09
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$300.84	\$300.84	\$300.84
270444414	JOSEPH ROBERT ZUBACK D.O.	NJ	2024	\$256.42	\$69.24	\$69.24
270444414	NARESH J PATEL D.O.	NJ	2024	\$121.74	\$32.87	\$32.87
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$101.60	\$27.43	\$27.43
270444414	MIKHAIL BORISOVICH LITINSKI M.D.	NJ	2024	\$125.31	\$33.83	\$33.83
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$98.27	\$26.53	\$26.53
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$167.07	\$45.10	\$45.10
270444414	SHERIF M LATEF M.D.	NJ	2024	\$219.83	\$59.35	\$59.35
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$130.54	\$35.24	\$35.24
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$264.96	\$71.53	\$71.53
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$138.32	\$42.42	\$42.42
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$183.00	\$49.41	\$49.41
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$107.30	\$28.97	\$28.97
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$180.30	\$48.66	\$48.66
270444414	ORJETA KOCIA M.D.	NJ	2024	\$201.71	\$54.46	\$54.46
270444414	CHRISTOPHER S MURRAY M.D.	NJ	2024	\$138.14	\$37.30	\$37.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$106.71	\$28.82	\$28.82
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$167.07	\$45.10	\$45.10
270444414	NARESH J PATEL D.O.	NJ	2024	\$180.01	\$48.60	\$48.60
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$245.88	\$66.39	\$66.39
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$115.97	\$31.31	\$31.31
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$135.83	\$36.67	\$36.67
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$217.45	\$58.72	\$58.72
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$201.71	\$54.46	\$54.46

270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$389.79	\$80.24	\$80.24
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$223.48	\$60.33	\$60.33
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$98.31	\$26.53	\$26.53
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$187.32	\$50.59	\$50.59
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$135.83	\$36.67	\$36.67
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$116.29	\$31.40	\$31.40
270444414	MIKHAIL BORISOVICH LITINSKI M.D.	NJ	2024	\$223.48	\$60.33	\$60.33
270444414	MICHAEL L STEINBERG M.D.	NJ	2023	\$43.35	\$11.70	\$11.70
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2023	\$84.55	\$22.82	\$22.82
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2023	\$84.55	\$22.82	\$22.82
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2023	\$84.55	\$22.82	\$22.82
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$84.55	\$24.72	\$24.72
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2023	\$253.65	\$68.46	\$68.46
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$308.13	\$89.28	\$89.28
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2023	\$185.30	\$50.03	\$50.03
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2023	\$185.30	\$50.03	\$50.03
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$33.79	\$11.49	\$11.49
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$41.64	\$11.25	\$11.25
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$39.56	\$10.68	\$10.68
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$41.64	\$11.25	\$11.25
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$41.64	\$11.25	\$11.25
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$39.52	\$10.67	\$10.67
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$39.52	\$10.67	\$10.67
270444414	DOUGLAS C BOXER M.D.	NJ	2024	\$37.43	\$10.10	\$10.10
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$39.56	\$10.68	\$10.68
270444414	KARIM AKL M.D.	NJ	2024	\$123.26	\$33.28	\$33.28
270444414	JOSEPH ROBERT ZUBACK D.O.	NJ	2024	\$85.33	\$23.04	\$23.04
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$66.10	\$17.85	\$17.85
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$53.16	\$14.35	\$14.35
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$97.93	\$26.44	\$26.44
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$88.53	\$23.90	\$23.90
270444414	YASMIN BILAL M.D.	NJ	2024	\$81.96	\$22.13	\$22.13
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$68.56	\$18.52	\$18.52

270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$72.74	\$19.64	\$19.64
270444414	NARESH J PATEL D.O.	NJ	2024	\$83.31	\$22.49	\$22.49
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$80.68	\$24.52	\$24.52
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$67.54	\$18.24	\$18.24
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$89.19	\$24.07	\$24.07
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$68.76	\$23.44	\$23.44
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$59.16	\$16.00	\$16.00
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$85.33	\$23.04	\$23.04
270444414	DANA SPIVAK M.D.	NJ	2024	\$103.09	\$43.28	\$43.28
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$41.64	\$11.25	\$11.25
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$72.74	\$19.64	\$19.64
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$67.54	\$18.24	\$18.24
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$41.64	\$11.25	\$11.25
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$72.74	\$19.64	\$19.64
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$67.54	\$18.24	\$18.24
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$41.64	\$11.25	\$11.25
270444414	DOUGLAS C BOXER M.D.	NJ	2024	\$66.82	\$18.03	\$18.03
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$68.76	\$23.44	\$23.44
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$65.76	\$17.76	\$17.76
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$41.64	\$11.25	\$11.25
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$97.93	\$26.44	\$26.44
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$53.16	\$14.35	\$14.35
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$97.93	\$26.44	\$26.44
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$50.38	\$13.62	\$13.62
270444414	JOSEPH ROBERT ZUBACK D.O.	NJ	2024	\$53.16	\$14.35	\$14.35
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$81.96	\$22.13	\$22.13
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$41.64	\$11.25	\$11.25
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$85.33	\$23.04	\$23.04
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$57.39	\$15.49	\$15.49
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$89.19	\$24.07	\$24.07
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$97.93	\$26.44	\$26.44
270444414	AYESHA SATTAUR M.D.	NJ	2024	\$86.07	\$23.24	\$23.24

270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$42.01	\$11.34	\$11.34
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$69.10	\$18.65	\$18.65
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$55.45	\$13.15	\$13.15
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$52.27	\$14.11	\$14.11
270444414	HENRIETTA BRIGHT M.D.	NJ	2024	\$103.09	\$43.28	\$43.28
270444414	JOSEPH ROBERT ZUBACK D.O.	NJ	2024	\$48.97	\$13.22	\$13.22
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$66.10	\$17.85	\$17.85
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$57.39	\$15.49	\$15.49
270444414	MICHAEL L STEINBERG M.D.	NJ	2024	\$33.79	\$11.49	\$11.49
270444414	JOSEPH ROBERT ZUBACK D.O.	NJ	2024	\$48.97	\$13.22	\$13.22
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$38.67	\$13.15	\$13.15
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$57.37	\$15.49	\$15.49
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$53.16	\$14.35	\$14.35
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$67.18	\$18.14	\$18.14
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$67.96	\$18.35	\$18.35
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$40.20	\$10.85	\$10.85
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$72.06	\$19.45	\$19.45
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$48.97	\$13.22	\$13.22
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$33.79	\$11.49	\$11.49
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$41.64	\$11.25	\$11.25
270444414	JOSEPH ROBERT ZUBACK D.O.	NJ	2024	\$41.64	\$11.25	\$11.25
270444414	JENNIFER MICHELLE HENDI M.D.	NJ	2024	\$39.56	\$10.68	\$10.68
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$39.52	\$10.67	\$10.67
270444414	SATURNINO HERRERA M.D.	NJ	2024	\$138.14	\$37.30	\$37.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$85.33	\$23.04	\$23.04
270444414	YASMIN BILAL M.D.	NJ	2024	\$83.31	\$22.49	\$22.49
270444414	MAHIN AMANULLAH M.D.	NJ	2024	\$138.14	\$37.30	\$37.30
270444414	BORA TOKLU M.D.	NJ	2024	\$135.88	\$36.69	\$36.69
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$89.19	\$24.07	\$24.07
270444414	NARESH J PATEL D.O.	NJ	2024	\$83.31	\$22.49	\$22.49
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$83.31	\$22.49	\$22.49
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$125.31	\$33.83	\$33.83
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$115.97	\$31.31	\$31.31
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$95.49	\$25.78	\$25.78
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$86.55	\$23.36	\$23.36
270444414	SATURNINO HERRERA M.D.	NJ	2024	\$83.31	\$22.49	\$22.49
270444414	ADIAM YONAS M.D.	NJ	2024	\$138.14	\$37.30	\$37.30
270444414	MAHIN AMANULLAH M.D.	NJ	2024	\$83.31	\$22.49	\$22.49

270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$125.31	\$33.83	\$33.83
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$107.72	\$29.09	\$29.09
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$121.74	\$32.87	\$32.87
270444414	MAHIN AMANULLAH M.D.	NJ	2024	\$83.31	\$22.49	\$22.49
270444414	SATURNINO HERRERA M.D.	NJ	2024	\$86.36	\$23.31	\$23.31
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$115.97	\$31.31	\$31.31
270444414	MIKHAIL BORISOVICH LITINSKI M.D.	NJ	2024	\$123.26	\$33.28	\$33.28
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$121.74	\$32.87	\$32.87
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$85.33	\$23.04	\$23.04
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$86.36	\$23.31	\$23.31
270444414	MAHIN AMANULLAH M.D.	NJ	2024	\$83.31	\$22.49	\$22.49
270444414	MIKHAIL BORISOVICH LITINSKI M.D.	NJ	2024	\$123.26	\$33.28	\$33.28
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$364.34	\$98.37	\$98.37
270444414	AYESHA SATTAUR M.D.	NJ	2024	\$139.53	\$37.67	\$37.67
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$35.48	\$9.59	\$9.59
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$81.57	\$22.02	\$22.02
270444414	MAHIN AMANULLAH M.D.	NJ	2024	\$333.24	\$89.96	\$89.96
270444414	SASHI WETTIMUNY D.O.	NJ	2024	\$306.79	\$82.82	\$82.82
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$223.48	\$60.33	\$60.33
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$166.62	\$44.98	\$44.98
270444414	SASHI WETTIMUNY D.O.	NJ	2024	\$223.48	\$60.33	\$60.33
270444414	BORA TOKLU M.D.	NJ	2024	\$183.00	\$49.41	\$49.41
270444414	NARESH J PATEL D.O.	NJ	2024	\$166.62	\$44.98	\$44.98
270444414	MAHMOUD DAKHEL M.D.	NJ	2024	\$236.17	\$63.75	\$63.75
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2024	\$654.16	\$176.61	\$176.61
270444414	ABBIE D JACOBS M.D.	NJ	2024	\$103.09	\$43.28	\$43.28
270444414	ABBIE D JACOBS M.D.	NJ	2024	\$103.09	\$43.28	\$43.28
270444414	JUAN J LATORRE M.D.	NJ	2024	\$103.09	\$43.28	\$43.28
270444414	ABBIE D JACOBS M.D.	NJ	2024	\$103.09	\$43.28	\$43.28
270444414	ABBIE D JACOBS M.D.	NJ	2024	\$68.76	\$23.44	\$23.44
270444414	ABBIE D JACOBS M.D.	NJ	2024	\$69.91	\$24.59	\$24.59
270444414	JUAN J LATORRE M.D.	NJ	2024	\$103.09	\$43.28	\$43.28
270444414	CHRISTINA T AZOIA	NJ	2014	\$551.48	\$551.48	\$551.48
270444414	EDWARD S FOBBEN	NJ	2014	\$166.73	\$166.73	\$166.73
270444414	CHAITANYA MUKESH DESAI	NJ	2012	\$612.75	\$612.75	\$612.75
270444414	JOHN J RIMMER	NJ	2015	\$1,859.23	\$1,859.23	\$1,859.23
270444414	JOSEPH YAP	NJ	2015	\$1,849.18	\$1,849.18	\$1,849.18
270444414	CHRISTINA T AZOIA	NJ	2014	\$3,458.48	\$3,458.48	\$3,458.48
270444414	RAFIK M HANNA	NJ	2014	\$1,048.23	\$1,048.23	\$1,048.23
270444414	JOSHUA ADAM RUBIN	NJ	2014	\$580.48	\$580.48	\$580.48

270444414	JOHN J RIMMER	NJ	2014	\$1,164.70	\$1,164.70	\$1,164.70
270444414	MEREDITH A SAULNIER	NJ	2013	\$1,430.09	\$1,430.09	\$1,430.09
270444414	CARYN A GAMSS	NJ	2016	\$99.00	\$99.00	\$99.00
270444414	VERONIKA TVERSKY	NJ	2016	\$601.30	\$601.30	\$601.30
270444414	CARYN A GAMSS	NJ	2016	\$81.00	\$81.00	\$81.00
270444414	RAFIK M HANNA	NJ	2016	\$668.11	\$668.11	\$668.11
270444414	EDWARD S FOBBEN	NJ	2017	\$590.00	\$590.00	\$590.00
270444414	EDWARD S FOBBEN	NJ	2017	\$470.00	\$470.00	\$470.00
270444414	EDWARD S FOBBEN	NJ	2017	\$470.00	\$470.00	\$470.00
270444414	ALFREDO LEONARDO RABINES	NJ	2017	\$3,214.11	\$3,214.11	\$3,214.11
270444414	EDWARD S FOBBEN	NJ	2016	\$285.58	\$285.58	\$285.58
270444414	CHRISTOPHER TOLERICO	NJ	2016	\$965.28	\$965.28	\$965.28
270444414	PETER M GOLDSMITH	NJ	2015	\$96.90	\$96.90	\$96.90
270444414	PETER M GOLDSMITH	NJ	2015	\$99.42	\$99.42	\$99.42
270444414	CARYN A GAMSS	NJ	2015	\$526.36	\$526.36	\$526.36
270444414	CARYN A GAMSS	NJ	2015	\$402.58	\$402.58	\$402.58
270444414	NEIL RASWANT	NJ	2015	\$970.11	\$970.11	\$970.11
270444414	MICAELLA DAVIS-PHINN	NJ	2016	\$1,609.44	\$1,609.44	\$1,609.44
270444414	TEJASH SHAH	NJ	2016	\$2,682.40	\$2,682.40	\$2,682.40
270444414	TEJASH SHAH	NJ	2016	\$2,682.40	\$2,682.40	\$2,682.40
270444414	EDWARD S FOBBEN	NJ	2017	\$90.00	\$90.00	\$90.00
270444414	PETER M GOLDSMITH	NJ	2017	\$27.55	\$27.55	\$27.55
270444414	DMITRIY ZELIKSON	NJ	2017	\$1,270.11	\$1,270.11	\$1,270.11
270444414	JENNIFER MICHELLE HENDI	NJ	2017	\$123.50	\$123.50	\$123.50
270444414	BRIARLY A STOCK	NJ	2016	\$13,533.00	\$13,533.00	\$13,533.00
270444414	HOWARD B KESSLER	NJ	2016	\$214.11	\$214.11	\$214.11
270444414	HOWARD B KESSLER	NJ	2016	\$26.40	\$26.40	\$26.40
270444414	VIVEK MASSON	NJ	2016	\$24.17	\$24.17	\$24.17
270444414	HEMALI J DESAI	NJ	2016	\$1.64	\$1.64	\$1.64
270444414	DANA SPIVAK MD	NJ	2024	\$501.79	\$229.67	\$229.67
	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$175.19	\$108.53	\$108.53
270444414	MARK A CANNING NP	NJ	2024	\$34.25	\$34.25	\$34.25
270444414	DUHANEY, M.D., MICHAEL O.	NJ	2024	\$8.88	\$8.88	\$8.88
270444414	DAKHEL, M.D., MAHMOUD	NJ	2023	\$9.40	\$9.40	\$9.40
270444414	KOFSKY, M.D., STANTON	NJ	2020	\$44.73	\$44.73	\$44.73
270444414	KOFSKY, M.D., STANTON	NJ	2020	\$47.51	\$47.51	\$47.51
270444414	KOFSKY, M.D., STANTON	NJ	2020	\$67.62	\$67.62	\$67.62
	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2022	\$102.39	\$102.39	\$102.39
270444414	AYKUT OZDEN MD	NJ	2023	\$68.03	\$68.03	\$68.03
	GARDEN STATE HEALTH CARE ASSO	NJ	2024	\$276.54	\$117.86	\$117.86
270444414	BOXER, M.D., DOUGLAS C.	NJ	2024	\$66.82	\$66.82	\$66.82
	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2021	\$364.64	\$364.64	\$197.79
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$4.30	\$4.30	\$4.30
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$114.10	\$114.10	\$114.10

270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$5.86	\$5.86	\$5.86
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$55.70	\$55.70	\$55.70
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$128.73	\$102.98	\$102.98
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2022	\$55.70	\$55.70	\$55.70
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$7.33	\$7.33	\$7.33
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$7.33	\$7.33	\$7.33
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$4.14	\$4.14	\$4.14
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$31.21	\$31.21	\$31.21
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$31.21	\$31.21	\$31.21
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$89.85	\$4.49	\$4.49
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$6.08	\$6.08	\$6.08
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$73.99	\$73.99	\$73.99
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$7.33	\$7.33	\$7.33
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$7.33	\$7.33	\$7.33
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$657.94	\$657.94	\$1.81
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$73.99	\$73.99	\$73.99
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$7.57	\$7.57	\$7.57
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2023	\$93.88	\$93.88	\$93.88
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$19.61	\$19.61	\$19.61
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$31.10	\$31.10	\$31.10
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$44.73	\$44.73	\$44.73
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$114.72	\$114.72	\$114.72
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$234.89	\$73.99	\$73.99
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$94.10	\$94.10	\$94.10
270444414	GARDEN STATE HEALTH CARE ASSOCIATES	NJ	2024	\$19.61	\$19.61	\$19.61
270444414	HAMZEH LANGROUDI MEHRDAD	NJ	2024	\$798.00	\$798.00	\$798.00

270444414	GELLIS SARA	NJ	2024	\$85.80	\$85.80	\$85.80
270444414	GARDEN STATE HEALTH CARE ASSOCIATES LLC	NJ	2015	\$380.95	\$380.95	\$380.95
270444414	RAO, M.D., GAUTAMI K.	NJ	2022	\$221.56	\$221.56	\$221.56
270444414	PRIYANKA GILL	NJ	2023	\$174.72	\$174.72	\$174.72
270444414	SUSAN PARAMONTE R.N.	NJ	2023	\$52.95	\$52.95	\$52.95
270444414	SUSAN PARAMONTE R.N.	NJ	2023	\$52.95	\$52.95	\$52.95
270444414	SUSAN PARAMONTE R.N.	NJ	2023	\$52.95	\$52.95	\$52.95
270444414	SUSAN PARAMONTE R.N.	NJ	2023	\$52.95	\$52.95	\$52.95

Total Balance Due	\$81,696.25
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"The descriptions of the overpayment reasons are sent to the Debtors in the ordinary course of business but have been redacted to protect member personal information. United can make this information available to the Debtors at their request, to any parties in interest subject to the Court's entry of an appropriate protective order, and to the Court for its in camera review to the extent necessary."

EXHIBIT E

CarePoint Health Debtor Post-Petition Overpayment Report

Provider Tin	Provider Full Name	State	First DOS	Last DOS	Claim Paid Amount	Claim Audit Amount	Balance Due	Pay Date	Collection description
272900232	PIOTR W OKO MD	PA	12/2024	12/2024	\$124.08	\$2.59	\$2.59	12/12/2024	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	11/2024	11/2024	\$237.15	\$109.48	\$109.48	12/05/2024	
272900232	PRASAD VIJAY	PA	11/2024	11/2024	\$163.66	\$163.66	\$163.66	12/13/2024	
272900232	DEVJIT S NAYAR MD	NJ	1/2025	1/2025	\$95.10	\$95.10	\$95.10	01/29/2025	
272900232	MERON DEBESAI M.D.	PA	11/2024	11/2024	\$171.88	\$171.88	\$171.88	12/05/2024	
272900232	MERON DEBESAI M.D.	PA	11/2024	11/2024	\$373.61	\$373.61	\$373.61	12/11/2024	
272900232	JOSEPH N GRESSOCK MD	NJ	12/2024	12/2024	\$92.06	\$89.20	\$89.20	12/14/2024	
TOTAL:								\$1,005.52	

CarePoint Health Debtor As-Filed Proof of Claim

United States Bankruptcy Court for the District of Delaware	
Name of Debtor: New Jersey Medical and Health Associates	For Court Use Only
Case Number: 24-12552	Claim Number: 0000010223
	File Date: 01/07/2025 10:49:24

Proof of Claim (Official Form 410)

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

04/22

Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim): UnitedHealthcare Insurance Company

Other names the creditor used with the debtor: _____

2. Has this claim been acquired from someone else? No Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Name: UnitedHealthcare Insurance Company

Address: ATTN: CDM/Bankruptcy

185 Asylum Street - 03B

City: Hartford

State: CT ZIP Code: 06103

Country (if International): _____

Phone: _____

Email: priya_muthu@uhc.com

Where should payments to the creditor be sent? (if different)

Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Country (if International): _____

Phone: _____

Email: _____

4. Does this claim amend one already filed?

No

Yes.

Claim number on court claims register (if known) _____

Filed on _____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

No

Yes.

Who made the earlier filing? _____

<p>6. Do you have any number you use to identify the debtor?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes.</p> <p>Last 4 digits of the debtor's account or any number you use to identify the debtor:</p> <p>0232</p>	<p>7. How much is the claim?</p> <p>\$ 10,139.93</p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>	<p>8. What is the basis of the claim?</p> <p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p>Other Basis _____</p>											
<p>9. Is all or part of the claim secured?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p>	<p>10. Is this claim based on a lease?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition.</p> <p>\$ _____</p>	<p>11. Is this claim subject to a right of setoff?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>											
<p>Basis for perfection:</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Check one:</p> <table border="0"> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (_____) that applies.</td> <td>\$ _____</td> </tr> </table> <p>* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p>	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (_____) that applies.	\$ _____
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____												
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____												
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____												
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____												
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____												
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (_____) that applies.	\$ _____												
<p>13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____</p>													

The person completing
this proof of claim must
sign and date it. FRBP
9011(b).

If you file this claim
electronically, FRBP
5005(a)(2) authorizes
courts to establish local
rules specifying what a
signature is.

A person who files a
fraudulent claim could
be fined up to \$500,000,
imprisoned for up to 5
years, or both. 18 U.S.C.
§§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Priya Muthu

01/07/2025 10:49:24

Signature

Date

Provide the name and contact information of the person completing and signing this claim:

Name Priya Muthu

Address UnitedHealthcare Insurance Company

185 Asylum Street - 03B

City Hartford

State CT

Zip 06103

Country (in international)

Phone

Email priya_muthu@uhc.com



January 7, 2025

New Jersey Medical and Health Associates, LLC

Chpt. 11 Bankruptcy

Filed: 11/3/24 | Case No. 24-12552

Reservation of Rights:

UnitedHealthcare Insurance Company ("United") reserves its right to amend this claim to further liquidate the amount of overpayment owed by the Debtor to United based on the results of United's ongoing audit of claims submitted by the Debtor.

Provider Tin	Provider Name	State	Date of Service	Amount of Claim Paid by UHC	Claim Audit Amount	Balance Due	Collection Description
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	OH	2024	\$63.30	\$63.30	\$63.30	Failure to follow prior payers coverage rules.
272900232	RAVIKUMAR B BRAHMBHATT MD	NJ	2021	\$155.98	\$41.26	\$41.26	
272900232	RAVIKUMAR B BRAHMBHATT MD	NJ	2021	\$38.99	\$38.99	\$38.99	
272900232	CHIU, ALEXANDER R.	NJ	2021	\$37.41	\$37.41	\$37.41	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
272900232	HECTOR L FLORENTINO MD	NJ	2021	\$18.48	\$18.48	\$18.48	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2021	\$72.16	\$72.16	\$72.16	Obstetrical Ultrasound Reimbursement Policy - Quantity Limit -
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2021	\$55.98	\$55.98	\$55.98	Obstetrical Ultrasound Reimbursement Policy - Quantity Limit -
272900232	JONELLE G GEORGE DO	NJ	2022	\$118.86	\$77.60	\$77.60	
272900232	PIOTR W OKO MD	NJ	2022	\$80.68	\$79.85	\$79.85	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$133.73	\$43.37	\$43.37	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
272900232	PARESH P SHUKLA MD	NJ	2022	\$180.49	\$17.92	\$17.92	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$22.63	\$22.63	\$22.63	Member had primary coverage through Medicare for this date of service. Please submit claim to Medicare for reimbursement.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$300.62	\$150.31	\$150.31	
272900232	PIOTR W OKO MD	NJ	2022	\$15.84	\$15.84	\$15.84	

272900232	PIOTR W OKO MD	NJ	2022	\$15.84	\$15.84	\$15.84
272900232	PIOTR W OKO MD	NJ	2022	\$10.84	\$10.84	\$10.84
272900232	HOWARD S LEVINE DO	NJ	2022	\$43.37	\$43.37	\$43.37
272900232	HOWARD S LEVINE DO	NJ	2023	\$67.10	\$33.55	\$33.55
272900232	RAVIKUMAR B BRAHMBHATT MD	NJ	2023	\$400.72	\$269.30	\$269.30
272900232	MARC GOLDSTEIN DO	NJ	2023	\$63.11	\$63.11	\$63.11
272900232	ALDO D KHOURY MD	NJ	2023	\$133.26	\$72.20	\$72.20
272900232	ALDO D KHOURY MD	NJ	2023	\$138.49	\$61.06	\$61.06
272900232	DAVID L PRINCIPE MD	NJ	2023	\$138.11	\$77.16	\$77.16
272900232	OSBERT FERNANDEZ MD	NJ	2023	\$50.20	\$50.20	\$50.20
272900232	MICHELLE R REISNER MD	NJ	2023	\$79.15	\$14.17	\$14.17
272900232	DARREN B SACHS DO	NJ	2023	\$43.37	\$43.37	\$43.37
272900232	RAVIKUMAR B BRAHMBHATT MD	NJ	2023	\$232.62	\$117.90	\$117.90
272900232	CAREPOINT HEALTH MEDICAL ASSOCIATES	PA	2023	\$90.66	\$45.33	\$45.33
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$146.55	\$41.45	\$41.45
272900232	OSBERT FERNANDEZ MD	NJ	2023	\$50.20	\$50.20	\$50.20
272900232	ARSANY S ANIS MD	NJ	2023	\$77.76	\$77.76	\$77.76
272900232	EDWARD F BOYLAN MD	NJ	2023	\$345.60	\$36.40	\$36.40
272900232	RAVIKUMAR B BRAHMBHATT MD	NJ	2024	\$95.10	\$95.10	\$95.10
272900232	RAVIKUMAR B BRAHMBHATT MD	NJ	2024	\$43.37	\$43.37	\$43.37
272900232	RAVIKUMAR B BRAHMBHATT MD	NJ	2024	\$63.30	\$63.30	\$63.30
272900232	HOWARD S LEVINE DO	NJ	2024	\$43.37	\$43.37	\$43.37

272900232	RAVIKUMAR B BRAHMBHATT MD	NJ	2024	\$63.30	\$63.30	\$63.30	
272900232	HOWARD S LEVINE DO	NJ	2024	\$43.37	\$43.37	\$43.37	
272900232	RAVIKUMAR B BRAHMBHATT MD	NJ	2024	\$63.30	\$63.30	\$63.30	
272900232	ANDREW N DE LA TORRE MD	NJ	2024	\$63.11	\$63.11	\$63.11	
272900232	HOWARD S LEVINE DO	NJ	2024	\$113.68	\$55.70	\$55.70	
272900232	MOHAMMAD H MIQBEL M.D.	PA	2024	\$97.72	\$97.72	\$97.72	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
272900232	MOHAMMAD H MIQBEL M.D.	PA	2024	\$287.09	\$287.09	\$287.09	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
272900232	JOSEPH N GRESSOCK MD	NJ	2018	\$92.84	\$92.84	\$92.84	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2021	\$113.32	\$113.32	\$113.32	Our records indicate that this member's coverage was suspended.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2021	\$32.78	\$32.78	\$32.78	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2021	\$77.76	\$77.76	\$77.76	Member had primary coverage through other carrier for this date of service. Please submit claim to primary carrier for reimbursement.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2021	\$120.78	\$4.52	\$4.52	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$239.05	\$239.05	\$239.05	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$102.70	\$99.50	\$99.50	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$63.30	\$63.30	\$63.30	Member had primary coverage through Medicare for this date of service. Please submit claim to primary carrier for reimbursement.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$109.88	\$109.88	\$109.88	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$128.70	\$128.70	\$128.70	
272900232	CAREPOINT HEALTH MEDICAL ASSOCIATES	PA	2022	\$199.08	\$199.08	\$199.08	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$118.21	\$118.21	\$118.21	Member enrolled in Medicare hospice program. Per CMS Medicare Claim Processing Manual 100-04 Ch.11 Section 30.4 traditional Medicare is responsible for all hospice and non-hospice related claims through the end of the month in which hospice is revoked.

272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$280.78	\$57.98	\$57.98	Member enrolled in Medicare hospice program. Per CMS Medicare Claim Processing Manual 100-04 Ch.11 Section 30.4 traditional Medicare is responsible for all hospice and non-hospice related claims through the end of the month in which hospice is revoked.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$232.22	\$133.41	\$133.41	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$232.22	\$133.41	\$133.41	
272900232	CAREPOINT HEALTH MEDICAL ASSOCIATES	PA	2023	\$46.70	\$46.70	\$46.70	Member enrolled in Medicare hospice program. Per CMS Medicare Claim Processing Manual 100-04 Ch.11 Section 30.4 traditional Medicare is responsible for all hospice and non-hospice related claims through the end of the month in which hospice is revoked.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$74.90	\$74.90	\$74.90	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$62.42	\$31.21	\$31.21	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$95.26	\$95.26	\$95.26	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$15.05	\$15.05	\$15.05	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$259.76	\$123.71	\$123.71	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$28.52	\$28.52	\$28.52	Services provided after Member Coverage End Date.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$64.92	\$10.97	\$10.97	

272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$49.50	\$49.50	\$49.50	
272900232	BORA TOKLU MD	NJ	2024	\$129.99	\$129.99	\$129.99	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$49.50	\$49.50	\$49.50	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$61.87	\$61.87	\$61.87	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$58.74	\$58.74	\$58.74	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$58.74	\$58.74	\$58.74	
272900232	PARESH P SHUKLA MD	NJ	2024	\$56.93	\$56.93	\$56.93	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$55.70	\$55.70	\$55.70	
272900232	RAVIKUMAR B BRAHMBHATT M.D.	PA	2024	\$180.01	\$180.01	\$180.01	
272900232	ELIZABETH VERDUZCO DO	NJ	2024	\$461.25	\$461.25	\$461.25	

272900232	HOWARD S LEVINE	PA	2018	\$170.67	\$170.67	\$170.67	This was a duplicate/overpayment between the health insurance carrier and other insurance.
272900232	HECTOR L FLORENTINO MD	NJ	2023	\$87.76	\$87.76	\$87.76	
272900232	HOWARD S LEVINE DO	NJ	2023	\$87.76	\$87.76	\$87.76	
272900232	RAKHEE A PATEL MD	PA	2024	\$121.49	\$121.49	\$121.49	Please refund -Unbundled service - disallowed service considered inclusive of another billed service on same date of service by same provider
272900232	JASKARANDEEP SINGH MD	PA	2024	\$248.81	\$248.81	\$248.81	Please refund -Corrected bill submitted
272900232	DAVID L PRINCIPE MD	PA	2024	\$236.66	\$236.66	\$236.66	Please refund -Unbundled service - disallowed service considered inclusive of another billed service on same date of service by same provider
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$246.59	\$246.59	\$128.72	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$293.07	\$293.07	\$214.68	Not covered when performed during the same session/date as a previously processed service for the patient.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$263.14	\$263.14	\$8.92	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$74.90	\$74.90	\$74.90	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2021	\$55.70	\$55.70	\$55.70	The original claim has been processed submit a corrected claim.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$262.84	\$262.84	\$262.84	Not covered when performed during the same session/date as a previously processed service for the patient.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$278.40	\$14.17	\$14.17	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$427.90	\$427.90	\$427.90	Missing/incomplete/invalid procedure code(s).
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2022	\$271.73	\$131.34	\$131.34	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$74.90	\$74.90	\$74.90	These services are not covered when performed within the global period of another service.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$74.90	\$74.90	\$74.90	These services are not covered when performed within the global period of another service.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$74.90	\$74.90	\$74.90	These services are not covered when performed within the global period of another service.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$138.92	\$18.48	\$18.48	Not covered when performed during the same session/date as a previously processed service for the patient.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$37.95	\$18.98	\$18.98	Exceeds number/frequency approved/allowed within time period.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2023	\$54.21	\$54.21	\$54.21	Not covered when performed during the same session/date as a previously processed service for the patient.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$34.32	\$34.32	\$34.32	The impact of prior payer(s) adjudication including payments and/or adjustments.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$84.49	\$84.49	\$84.49	Not covered when performed during the same session/date as a previously processed service for the patient.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$39.41	\$39.41	\$39.41	Service not payable with other service rendered on the same date.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$63.30	\$63.30	\$63.30	Not covered when performed during the same session/date as a previously processed service for the patient.

272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	OH	2024	\$74.07	\$63.30	\$63.30	Not covered when performed during the same session/date as a previously processed service for the patient.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$73.73	\$73.73	\$73.73	Duplicate of a claim processed or to be processed as a crossover claim.
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$79.49	\$79.49	\$79.49	Corrected claim received.
272900232	KIRIT V GANDHI	PA	2024	\$46.20	\$27.98	\$27.98	
272900232	PRINCIPE DAVID	PA	2024	\$236.66	\$236.66	\$236.66	This procedure or supply is part of the global service.
272900232	PRASAD VIJAY	PA	2024	\$121.49	\$121.49	\$121.49	The member is responsible for the copayment amount.
272900232	SOUD MOHAMAD	PA	2023	\$241.39	\$241.39	\$108.20	
272900232	RAVIKUMAR B BRAHMBHATT M.D.	PA	2024	\$2,368.29	\$388.81	\$388.81	
272900232	NEW JERSEY MEDICAL AND HEALTH ASSOCIATES	PA	2024	\$83.41	\$83.41	\$83.41	
272900232	HECTOR L FLORENTINO	PA	2024	\$177.32	\$177.32	\$177.32	

Total Balance Due	\$10,139.93
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"The descriptions of the overpayment reasons are sent to the Debtors in the ordinary course of business but some have been redacted to protect member personal information. United can make this information available to the Debtors at their request, to any parties in interest subject to the Court's entry of an appropriate protective order, and to the Court for its *in camera* review to the extent necessary."

CERTIFICATE OF SERVICE

I hereby certify that on March 6, 2025, a copy of foregoing was filed electronically. Notice of this filing will be sent by e-mail to all parties by operation of the Court's electronic filing system. Parties may access this filing through the Court's CM/ECF System. In addition, I hereby certify that I have served a copy of the foregoing via electronic mail, unless otherwise noted, upon the below-listed parties.

<p>DILWORTH PAXSON LLP Peter C. Hughes, Esq. 800 King Street – Suite 202 Wilmington, DE 19801 Email: phughes@dilworthlaw.com</p> <p>-and-</p> <p>DILWORTH PAXSON LLP Lawrence C. McMichael, Esq. Anne M. Aaronson, Esq. Jack Small, Esq. 1650 Market St., Suite 1200 Philadelphia, PA 19103 Email: lmcmichael@dilworthlaw.com aaaronson@dilworthlaw.com jsmall@dilworthlaw.com</p> <p><i>Counsel to the Debtors and Debtors-in-Possession</i></p>	<p>PACHULSKI STANG ZIEHL & JONES LLP Bradford J. Sandler, Esq. James E. O'Neill, Esq. Colin R. Robinson, Esq. 919 N. Market Street, 17th Floor P.O. Box 8705 Wilmington, DE 19899-8705 (Courier 19801) Email: bsandler@pszjlaw.com joneill@pszjlaw.com crobinson@pszjlaw.com</p> <p>-and-</p> <p>SILLS CUMMIS & GROSS, P.C. Andrew Sherman, Esq. Boris Mankovetskiy, Esq. One Riverfront Plaza Newark, NJ 07102 Email: asherman@sillscummis.com bmankovetskiy@sillscummis.com</p> <p><i>Counsel to the Official Committee of Unsecured Creditors</i></p>
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/s/ Alessandra Glorioso
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